

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MONTANA

TRANSCRIPT DESIGNATION AND ORDERING FORM

Please read instructions.

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12/11/2018 2:17:20 PM
U.S. DISTRICT COURT
CLERK, DISTRICT OF MONTANA
DIVISION OF MONTANA
GREAT FALLS DIVISION

1. NAME Christopher Weaver		2. PHONE NUMBER 212-416-4084	3. DATE 12/11/2018		
4. MAILING ADDRESS 1211 Avenue of the Americas		5. E-MAIL ADDRESS christopher.weaver@wsj.com	6. CITY New York		
8. ZIP CODE 10036	9. JUDGE Morris	7. STATE Clerk, U.S. District Court District of Montana Great Falls Division			
11. U.S. DISTRICT COURT CASE NUMBER 4:18-cr-00014-BMM		12. COURT OF APPEALS CASE NUMBER			
13. ORDER FOR					
<input type="checkbox"/> APPEAL		<input checked="" type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS	
				<input type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> OTHER - Specify	

14. TRANSCRIPT REQUESTED - Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.

PORTIONS	DATE(S)	REPORTER	PORTIONS	DATE(S)	REPORTER
Change of Plea			Closing Argument - Plaintiff	9/6/18	Y. Heinze
Pre-trial Proceeding			Closing Argument - Defendant	9/6/18	Y. Heinze
Voir Dire			Settlement Instructions		
Opening Statement - Plaintiff	9/4/18	Y. Heinze	Jury Instructions		
Opening Statement - Defendant	9/4/18	Y. Heinze	Sentencing		
Testimony - Specify Witness Fred Gayton DJ Martin	9/5/18	Y. Heinze	Other - Specify		
	9/5/18	Y. Heinze			

15. ORDER

CATEGORY	ORIGINAL Includes certified copy to clerk for records of the Court	FIRST COPY to each party	ADDITIONAL COPIES to same party	FORMAT REQUESTED		
				Each format is billed as a separate transcript copy.		
30-Day (Ordinary)	\$3.65/page <input type="checkbox"/>	\$.90/ page <input type="checkbox"/>	\$.60/ page <input type="checkbox"/>	<input type="checkbox"/> Full Size	<input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
14-Day	\$4.25/page <input checked="" type="checkbox"/>	\$.90/ page <input type="checkbox"/>	\$.60/ page <input type="checkbox"/>	<input type="checkbox"/> Full Size	<input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input checked="" type="checkbox"/> <input type="checkbox"/> A-Z word index
7- Day	\$4.85/ page <input type="checkbox"/>	\$.90/ page <input type="checkbox"/>	\$.60/ page <input type="checkbox"/>	<input type="checkbox"/> Full Size	<input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
3- Day	\$5.45/ page <input type="checkbox"/>	\$1.05/ page <input type="checkbox"/>	\$.75/ page <input type="checkbox"/>	<input type="checkbox"/> Full Size	<input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
DAILY	\$6.05/page <input type="checkbox"/>	\$1.20/ page <input type="checkbox"/>	\$.90/page <input type="checkbox"/>	<input type="checkbox"/> Full Size	<input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
HOURLY	\$7.25/page <input type="checkbox"/>	\$1.20/ page <input type="checkbox"/>	\$.90/page <input type="checkbox"/>	<input type="checkbox"/> Full Size	<input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index

16. & 17. CERTIFICATE OF SERVICE, DISTRIBUTION and PAYMENT

E-file this form with the clerk's office, mail to opposing counsel if they are not electronic filers and serve the court reporter.

If payment is authorized under CJA, complete CJA 24 form through box 15 and attach to this order when e-filing.

Financial arrangements must be made with the court reporter before transcript is prepared.

I certify that this form has been served on the court reporter this date: _____ Attorney signature: _____